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**REVOCATION OF POWER OF
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Application Number	
Filing Date	5/20/96
First Named Inventor	Stephen Wren
Art Unit	3626
Examiner Name	A. Kalinowski
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith. *Applicant*

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name: *Stephen Wren*

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name: *Stephen Wren*

Signature: *Stephen Wren*

Date: *54-04* Telephone: *314-895-4604*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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